

EXHIBIT 1

**WR Grace**

SR0000000000

Property Damage**Index Sheet**

Claim Number: 00009911

Receive Date: 03/31/2003

Multiple Claim Reference

Claim Number _____

- | | | |
|--------------------------|-------|-------------------------------|
| <input type="checkbox"/> | MMPOC | Medical Monitoring Claim Form |
| <input type="checkbox"/> | PDPOC | Property Damage |
| <input type="checkbox"/> | NAPO | Non-Asbestos Claim Form |
| <input type="checkbox"/> | | Amended |

Claim Number _____

- | | | |
|--------------------------|-------|-------------------------------|
| <input type="checkbox"/> | MMPOC | Medical Monitoring Claim Form |
| <input type="checkbox"/> | PDPOC | Property Damage |
| <input type="checkbox"/> | NAPO | Non-Asbestos Claim Form |
| <input type="checkbox"/> | | Amended |

Attorney Information

Firm Number: 00131

Firm Name: Speights & Runyan

Attorney Number: 00227

Attorney Name: Daniel A Speights

Zip Code: 29924

Cover Letter Location Number: SR000000606

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD	<input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD <input checked="" type="checkbox"/> Other Attachments	<input type="checkbox"/> Other Attachments
Other	<input type="checkbox"/> Non-Standard Form <input type="checkbox"/> Amended <input type="checkbox"/> Post-Deadline Postmark Date	

PART 1: CLAIMING PARTY INFORMATION

NAME:

ANDERSON MEMORIAL HOSPITAL (SEE ATTACHED)

Name of individual claimant (first, middle and last names) or business claimant

SOCIAL SECURITY NUMBER (Individual Claimants): F.E.I.N. (Business Claimants)

[REDACTED]

[REDACTED]-[REDACTED]-[REDACTED]

(last four digits of SSN)

Other names by which claiming party has been known (such as maiden name or married name):

[REDACTED]

[REDACTED] MI [REDACTED]

[REDACTED]

[REDACTED] MI [REDACTED]

GENDER: MALE FEMALE

Mailing Address:

[REDACTED]

Street Address

[REDACTED]

City

[REDACTED]

[REDACTED]

State

Zip Code

[REDACTED]

Country

(Province) (Postal Code)

PART 2: ATTORNEY INFORMATION

The claiming party's attorney, if any (You do not need an attorney to file this form):

Law Firm Name:

SPEIGHTS & RUNYAN

[REDACTED]

Name of Attorney:

AMANDA

[REDACTED]

First

MI Last

Mailing Address:

PO BOX 685 - 200 JACKSON AVENUE EAST

Street Address

HAMPTON

City

[REDACTED]

[REDACTED]

State

Zip Code

Telephone:

(803) 943-4444

Area Code

RECD MAR 9 2003

9276101

SERIAL #

WR Grace PD.7.26.1253

00009911

SR-600

A. Real Property For Which A Claim Is Being Asserted (continued)

If yes, please specify the dates and description of such renovations.

			Description: MULTIPLE RENOVATIONS OVER VARIOUS YEARS
--	--	--	--

Year

			Description: _____
--	--	--	--------------------

Year

			Description: _____
--	--	--	--------------------

Year

11. To the best of your knowledge, have any other interior renovations been completed on the property during any other period of time which affected any asbestos on the property?

Yes No

If yes, please specify the dates and descriptions of such renovations.

			Description: MULTIPLE RENOVATIONS OVER VARIOUS YEARS
--	--	--	--

Year

			Description: _____
--	--	--	--------------------

Year

			Description: _____
--	--	--	--------------------

Year

B. Claim Category

12. For which category are you making a claim on the property?

- Category 1: Allegation with respect to asbestos from a Grace product in the property
 Category 2: Allegation with respect to one of Grace's vermiculite mining, milling or processing operations

- If you checked Category 1 in question 12, complete Section C.

- If you checked Category 2 in question 12, complete section D.

C. Category 1 Claim: Allegation With Respect To Asbestos From A Grace Product In The Property

13. For what alleged asbestos-containing product(s) are you making a claim?

Mineralo-3 fireproofing insulation

Other Specify: SEE ATTACHED

(For a list of the brand names under which Grace manufactured products that may have contained commercially added asbestos, see Exhibit 2 to the Claims Bar Date Notice provided with this Proof of Claim Form.)

14. When did you or someone on your behalf install the asbestos containing product(s) in the property?

--	--	--

I did not install the product(s)

Year

15. If you or someone on your behalf did not install the asbestos containing product(s), to the best of your knowledge, when were the product(s) installed?

--	--	--

Don't know.

Year

9 2 7 6 1 0 3

SERIAL #

16. Do you have documentation relating to the purchase and/or installation of the product in the property?

Yes No

If Yes, attach all such documents. If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession and control of the document.

If you provide a summary of documents rather than the documents themselves, you are required to consent to the production and release of those documents to Grace upon Grace's further request.

17. If you do not have any such documents, explain why not and indicate who may have possession or control of such documents with respect to the property.

SEE ATTACHED

18. When did you first know of the presence of asbestos in the property of the Grace product for which you are making this claim?

2003

Year

Please attach all documents relating or referring to the presence of asbestos in the property for which you are making this claim. If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession and control of the document.

If you provide a summary of documents rather than the documents themselves, you are required to consent to the production and release of those documents to Grace upon Grace's further request.

19. How did you first learn of the presence of asbestos in the property of the Grace product for which you are making this claim?

SEE ATTACHED

20. When did you first learn that the Grace product for which you are making this claim contained asbestos?

2003

Year

21. How did you first learn that the Grace product for which you are making this claim contained asbestos?

SEE ATTACHED

22. Have you or someone on your behalf made an effort to remove, contain and/or abate the Grace product for which you are making this claim?

Yes No

If Yes, attach all documents relating or referring to such efforts. If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession and control of the document.

If you provide a summary of documents rather than the documents themselves, you are required to consent to the production and release of those documents to Grace upon Grace's further request.

23. If you do not have any such documents, explain why not and indicate who may have possession and control of such documents with respect to the property.

SEE ATTACHED

24. If you or someone on your behalf did not make an effort to remove, contain and/or abate the Grace product(s) for which you are making a claim, to the best of your knowledge, did anyone else make such an effort?

Yes No

9 2 7 6 | 0 4

SERIAL #

25. If you responded Yes to question 22. or 24. and you have not supplied documents, please specify the dates and descriptions of any such efforts

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Description **SEE ATTACHED**

Year

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Description

Year

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Description

Year

26. Have you or anyone on your behalf ever conducted any testing or sampling for the presence of asbestos or other particulates in the property?

Yes

No

If Yes, Attach All Documents Related To Any Testing Of The Property.

27. If you responded Yes to question 26., but you have not provided documents, indicate who may have possession or control of such testing documents or where such documents may be located.

SEE ATTACHED

28. If you or someone on your behalf did not conduct any testing or sampling for the presence of asbestos or other particulates on the property, to the best of your knowledge, did anyone else conduct such testing or sampling with respect to the property?

Yes

No NOT APPLICABLE

29. If you responded Yes to question 26. or 28. and you have not supplied related documents, please describe when and by whom and the type of testing and/or sampling (e.g. air, soil and/or sampling).

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Company/Individual **VARIOUS YEARS, NUMEROUS SAMPLES**

Year

Type of testing:

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Company/Individual

Year

Type of testing:

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Company/Individual

Year

Type of testing:

30. Has the Grace product or products for which you are making this claim ever been modified and/or disturbed?

Yes

No

31. If yes, specify when and in what manner the Grace product or products was modified and/or disturbed?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Description **AFFECTED BY NUMBEROUS CUSTODIAL AND MAINTENANCE ACTIVITIES AND RENOVATIONS**

Year

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Description

Year

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Description

Year

9276105

SERIAL #:

W.R. Grace & Co.

Asbestos Property Damage

(9276)

Proof of Claim Form

Missing Page

1 2 3 4 5

6 7 8 9 10

PART 4: ASBESTOS LITIGATION AND CLAIMS**A. INTRODUCTION**

1. Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?

No
 Yes - lawsuit
 Yes - non-lawsuit claim (other than a workers' compensation claim)

2. Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?

No
 Yes - lawsuit
 Yes - non-lawsuit claim (other than a workers' compensation claim)

If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B, below.

If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C, on the following page.

B. LAWSUITS

1. Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.

a. Caption

b. Court where suit originally filed: Docket No.:
 County/State

c. Date filed - -
 Month Day Year

d. Caption

e. Court where suit originally filed: Docket No.:
 County/State

f. Date filed - -
 Month Day Year

g. Caption

h. Court where suit originally filed: Docket No.:
 County/State

i. Date filed - -
 Month Day Year

(Attach additional pages if necessary.)

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C. NON-LAWSUIT CLAIMS

1. If the claiming party has made any claims relating to the property for which you are making a claim (including administrative claim(s) against anyone, that was not filed with a court of law), please provide the following information for each claim:

a. Description of claim: _____

b. Date submitted: ____ - ____ - ____

Month Day Year

c. Name of entity to whom claim was submitted:

Grace

Other _____

Name of Entity: _____

a. Description of claim: _____

b. Date submitted: ____ - ____ - ____

Month Day Year

c. Name of entity to whom claim was submitted:

Grace

Other _____

Name of Entity: _____

a. Description of claim: _____

b. Date submitted: ____ - ____ - ____

Month Day Year

c. Name of entity to whom claim was submitted:

Grace

Other _____

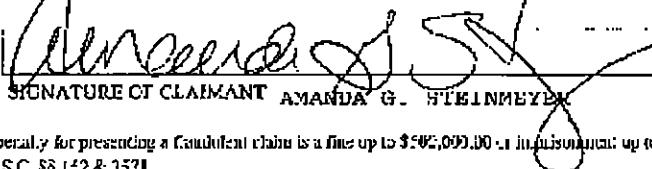
Name of Entity: _____

PART 5: SIGNATURE PAGE

A.) claims must be signed by the claiming party.

I have reviewed the information submitted on this proof of claim form and all documents submitted in support of my claim. I declare, under penalty of perjury,* that the above statements are true, correct, and not misleading.

CONSENT TO RELEASE OF RECORDS AND INFORMATION: To the extent that I have produced a summary rather than the documents themselves as requested above or indicated who has possession and control of certain documents, I hereby authorize and request that all other parties with custody of any documents or information concerning my property damage or the information contained in this Form, upon the reasonable request of Grace or Grace's representative, with a copy to the claiming party, disclose any and all records to Grace or to Grace's representative.


SIGNATURE OF CLAIMANT AMANDA G. STEINMEYER

03 - 30 - 2003
Month Day Year

*The penalty for presenting a fraudulent claim is a fine up to \$500,000.00 or imprisonment up to 5 years, or both.
18 U.S.C. §§ 152 & 3571.

9276110

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SERIAL #

Response to PART-1 - NAME:

ANDERSON MEMORIAL HOSPITAL ON BEHALF OF ALL BUILDINGS ENCOMPASSED IN ITS CLASS ACTION COMPLAINT. ATTACHED TO THIS CLAIM IS A NON-EXHAUSTIVE LISTS OF BUILDINGS OR BUILDING OWNERS KNOWN AS OF THIS DATE. CLAIMANT RESERVES THE RIGHT TO SUPPLEMENT THIS CLAIM AS ADDITIONAL BUILDINGS OR BUILDING OWNERS ARE LOCATED OR COME FORWARD.

Response to Questions 13 (Specify):

SURFACE TREATMENT, INCLUDING BUT NOT LIMITED TO FIREPROOFING, ACOUSTICAL PLASTER, TEXTURE, MASONRY FILL, OR OTHER ASBESTOS-CONTAINING PRODUCTS.

Response to Question 17: The Claimant understands Question 16 to ask for the existence of historical documents demonstrating that Grace's asbestos-containing product was purchased and/or installed in the property. As indicated in its response, the Claimant does not know of any such specific documents at this time. The Claimant assumes that there would have been a large number of original construction documents, including drawings and specifications, which, if not destroyed in the ordinary course of business, might possibly be found at a number of storage facilities, including those under the control of various persons involved with the design and construction of the property and the sale and installation of products in the property. In addition, this claim is based upon an assertion that debtors manufactured or sold products containing asbestos that are or were present in this property and/or all other theories of liability that are allowed by law including but not limited to conspiracy and fraudulent transfer. Moreover, Claimant believes Grace itself may be in control of supporting documentation, or other supporting information, regarding whom Grace or their salesmen sold their products to, and Claimant may need documentation or discovery from Grace on this issue. Claimant does not waive any rights, but is willing to discuss this matter with Grace if it believes Claimant's response is insufficient.

Response to Question 19: Refer to Question 17 Response.

Response to Question 21: Refer to Question 17 Response.

Response to Question 23: Taken literally, Question 22 seeks all documents relating to not only the removal, enclosure and encapsulation, but operations and maintenance documents which attempt to contain contamination from Grace's product. There is insufficient time to locate all such documents that might be called for in Question 22. To the extent that such documents have not been destroyed in the ordinary course of business, they may exist in the files or dead storage of many persons involved with such projects. Before undertaking an effort of this magnitude, Claimant would like to work with Grace to understand exactly what it is that Grace is seeking and whether Claimant can easily accommodate that request.

Response to Question 27: As Claimant understands Question 26, Grace seeks all documents of every kind and description not only related to the testing or sampling for the presence of asbestos, including samples taken during any abatement projects, as well as all

samples related to any other particulates, including by way of example only, all silicates, lead dust and other metal dust, beta glucans, etc. Such documents, to the extent they exist, may not only be in the possession of Claimant, but a number of third party contractors and/or consultants as well. Before undertaking the search for all of these documents, Claimant wishes to discuss this matter with Grace and obtain a clarification.